FORM PTO-075 (Rev. 8/01)

Total

Independent

Minus

Minus

If the entry in column 1 is less than the entry in column 2, writ. "O' in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

ADDIT. FEE

OR ADDIT.

The "Highest Number Previously Paid For" (Total or Indep Indent) to the highest number found in the appropriate box in column 1.

Żv.4 0≥0.000 40+10+2017

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

SIBN and Trademark Office, U.S. DEPARTMENT OF COMMERCE

X\$ 9=

X42=

+140=

FEE

X\$18= OR

X84= ΩR

+280= OR